

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC SAFETY
CODES & STANDARDS COMMITTEE
1111 COUNTRY CLUB ROAD
MIDDLETOWN, CT 06457
TELEPHONE: (860) 685-8310
FAX: (860) 685-8365

FILE # _____

FOR OFFICE USE ONLY

**REQUEST FOR APPEAL
to the
CONNECTICUT CODES AND STANDARDS COMMITTEE**

In accordance with the provisions of C.G.S. Chapter 541, I (we) (hereinafter referred to as the “Appellant”) hereby submit an appeal for relief from a decision of:

- ☐ Local Building Official (Town/City: _____)
- ☐ Local Fire Marshal (Town/City: _____)
- ☐ Local Building Board of Appeals (Town/City: _____)
- ☐ State Building Inspector
- ☐ State Building Inspector together with Office of Protection and Advocacy
- ☐ State Fire Marshal

The Appellant must provide all relevant information. Where information is not available or not relevant to the Appeal, please indicate “N/A.”

1. (a) Date of Decision appealed from (Attach copy of letter of decision) _____

(b) Name, Address and Telephone Number of Appellee whose decision is being appealed

2. Address of Subject Property or Structure _____

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3. Name, Address and Telephone Number of Owner of Subject Property _____

4. Name, Address and Telephone Number of Appellant _____

5. Appellant's relationship to Owner _____

6. Designation:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Existing Building | <input type="checkbox"/> Addition |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Change in Use | <input type="checkbox"/> Historic Building (Local, State or Federal Designation) | |
| <input type="checkbox"/> Other _____ | | |

7. a. Building Use Group (If no Change in Use) _____

b. If there is a Change in Use, describe current and intended use

From _____ to _____

c. Building Construction Classification _____

8. Size of Building

Height (in feet) _____ Number of Stories _____

Total Area _____ Maximum Area per Floor _____

9. a. Fire Protection at subject premises (Check appropriate headings)

- | | | |
|--|---|---|
| <input type="checkbox"/> Smoke Detection | <input type="checkbox"/> Heat Detection | <input type="checkbox"/> Extinguishers |
| <input type="checkbox"/> Sprinklers | <input type="checkbox"/> Stand Pipes | <input type="checkbox"/> Other (identify) _____ |

b. Describe Alarm System(s) at Premises _____

10. Building Code Section(s) under Appeal _____

11. Fire Safety Code Section(s) under Appeal _____

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12. Connecticut General Statute Section(s) and Title(s) under Appeal _____

13. If an additional local, state or federal agency participated in the underlying decision that is the subject of this appeal, please identify those agencies.

14. Relief Requested (Attach supporting data or additional pages, if necessary) _____

The Appellant should be prepared to provide appropriate site and building plans for the hearing panel at the time of such hearing.

I, _____, certify that the foregoing information is true and correct to the best of my knowledge, information and belief. I also certify that I have sent a copy of this completed *REQUEST FOR APPEAL* form to the Appellee identified above.

Signature of Appellant

Date

STATE OF CONNECTICUT :
: ss. _____, _____, 20_____
COUNTY OF _____:

Personally appeared, _____, Signer and Sealer of the foregoing instrument who made oath that the statements herein were true and correct, before me.

Commissioner of Superior Court
Notary Public

NOTE: The appellant is not required to complete this form. However the information provided will assist the hearing panel in resolving the appeal.